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18

YOUR REFERENCE NO.:
09/910,159

OUR REFERENCE (C/M) NO.:
005222.00131

RE: In re: Appln. Devitt, et al
Appln. No. 09/910,159
Filed: July 20, 2001
For: Rule-Based On-Line Product Selection

OFFICIAL FAX

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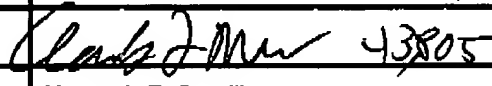
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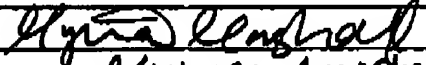
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/910,159	RECEIVED CENTRAL FAX CENTER MAR 24 2006
	Filing Date	July 20, 2001	
	First Named Inventor	Devitt, et al	
	Art Unit	3627	
	Examiner Name	Joseph A. Fismetti	
Total Number of Pages in This Submission	18	Attorney Docket Number	005222.0013

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> RCE Transmittal Fax Cover Sheet
Remarks The Commissioner is authorized to debit or credit any overpayment or deficiency from our Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth F. Smolik		
Date	March 24, 2006	Reg. No.	44,344

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Kenneth F. Smolik	Date	3/24/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public with it is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04/2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).**FEE TRANSMITTAL
for FY 2005**

Complete If Known

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1,010.00

Application Number	09/910,159
Filing Date	07/20/2001
First Named Inventor	Mara Q. Devitt
Examiner Name	Joseph A. Fischetti
Art Unit	3627
Attorney Docket No.	005222.00131

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MAR 24 2006

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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
— - 20 or HP= 2	x 50	=	100.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
— - 3 or HP=	x	=	

HP = highest number of independent claims paid for, if greater than 3.

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
—	—

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
— - 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension of time fee and RCE Fee

Fees Paid (\$)

910.00

SUBMITTED BY

Signature	<i>Kenneth F. Smolik</i> 43800	Registration No. (Attorney/Agent)	44,344	Telephone	(312) 463-5000
Name (Print/Type)	Kenneth F. Smolik	Date	03/24/2006		

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